

www.mass.gov/abcc

#### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 0	19800017		CITY OR TOWN	CHATHAN	M
APPLICATION FOR R	ENEWAL:	Seasonal	LICEN	ISED FOR 20	013
		CLASS			YEAR
LICENSEE NAME: D	DIANE E.F. CO.,II	NC.			
DOING BUSINESS A	CAPTAIN'S TAE	BLE			
ADDRESS 578 MAIN	ST.				
CITY/TOWN: CHATI	HAM	STATE: MA	ZIP CODE:	02633	
MANAGER: FOGG,	DIANE TYP	PE OF LICENSE: Re	estaurant C	ATEGORY:	All Alcohol
EMAIL ADDRESS:					
PLE	ASE ALSO VISIT OUR WI	EBSITE AND ENTER YOUR	EMAIL ADDRESS		_
DESCRIPTION OF LIC	CENSED PREMIS	SES:			
PORTION OF 1 STORY DINING AREA; 1 ENTRA					TSIDE
I hereby certify and swe					
• •	-		e same premises nov	v licensed;	
2. the licensee l	has complied with	all laws of the Com	nmonwealth relating	to taxes; and	
3. the premises	are now open for	business (If not exp	lain below)		
SIGNED BY:					
	ndividual, Partner	or Authorized Corp	orate Officer		
DATE:	TEL EPHON	E NUMBER:	EMPLOYE	R IDENTIFICAT	TION NUMBER:
	TEEEI IIOIV	E IVEWIDER.	(Note: NOT In	dividual Social S	ecurity Number)
We the undersigned, a Acts of 2004, signed b named license and (2) of 2010.	y the building ins	spector and the hea	nd of the fire depart	ment for the	above
Please Check Below:			LOCAL LICENS	SING AUTHO	ORITY
APPROVED:			By:		
DISAPPROVED:					
(If disapproved explain)	)				
D. 1 (11)					
DATE:					



www.mass.gov/abcc

#### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NU	MBER: 019800020		CITY OR TOWN CHATHA	AIVI
APPLICATIO	N FOR RENEWAL:	Seasonal	LICENSED FOR 2	2013
		CLASS		YEAR
LICENSEE N	AME: GARDNER F	RESTAURANT, INC.		
DOING BUSI	NESS A PATE'S RE	STAURANT		
ADDRESS 12	260 MAIN ST.			
CITY/TOWN:	: CHATHAM	STATE: MA	ZIP CODE: 02633	
MANAGER:	GARDNER, ROBERT A.	TYPE OF LICENSE:Res	taurant CATEGORY	: All Alcohol
EMAIL ADDI	RESS:			
	PLEASE ALSO VISIT	OUR WEBSITE AND ENTER YOUR EM	MAIL ADDRESS	
DESCRIPTIO	N OF LICENSED PR	EMISES:		
RMS,COCKTA	IL LOUNGE, OFFICE, 7		ST- AURANT,BLDG.HAS TWO I E RESTROOMS,AND KITCHEN	
I hereby certify	y and swear under per	nalties of perjury that:		
1. the	renewed license will	be of the same type for the	same premises now licensed;	
2. the	licensee has complied	d with all laws of the Comn	nonwealth relating to taxes; and	l
3. the	premises are now ope	en for business (If not expla	in below)	
SIGNED BY:	:			
	Individual, Pa	artner or Authorized Corpo	rate Officer	
DATE:	TELEP	PHONE NUMBER:	EMPLOYER IDENTIFICA	ATION NUMBER:
			(Note: NOT Individual Social	Security Number)
Acts of 2004,	signed by the buildi	ng inspector and the head	e certificate required by Chap I of the fire department for th rance required by Chapter 11	e above
Please Check Bel			LOCAL LICENSING AUTH	HORITY
APPROVED:			By:	
DISAPPROVI				
(If disapprove	d explain)			
DATE:			-	



www.mass.gov/abcc

#### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBE	R:019800029		CITY OR TO	OWN CHATHA	AM
APPLICATION FO	R RENEWAL:	Seasonal CLASS	Ll	CENSED FOR	2013 YEAR
	QUEEN ANNE IN A THE QUEEN AN EN ANNE RD.				
CITY/TOWN: CH		STATE: M	IA ZIP COD	E: 02633	
MANAGER: WEI	NKOPF, DANA TYF	PE OF LICENSE:	Innholder	CATEGORY	: All Alcohol
WOOD FRAME BLD KITCHEN, LOBBY, I GAME RM, STORAC I hereby certify and 1. the renew 2. the licens	PLEASE ALSO VISIT OUR WI LICENSED PREMIS G 3 FLRS, BASEMEN' MUSIC RM, LIBRARY BE REFRIGERATION, swear under penalties wed license will be of see has complied with ises are now open for	SES:  T, 1ST FLR, 9 BDI T, LOUNGE, 2ND I BAKERY, LANDE of perjury that: the same type for all laws of the Co	RMS 1 DINING RM FLR 18 BDRMS, BARY BATHS & HELI the same premises ommonwealth rela	ASEMENT, TV LOPS QUARTERS.  s now licensed;	OUNGE,
SIGNED BY:	Individual, Partner	or Authorized Co	orporate Officer		
Acts of 2004, signe named license and	TELEPHON ed, attest that we are ed by the building ins (2) the certificate of	spector and the l	(Note: <u>NC</u> ) the certificate re nead of the fire de	epartment for th	of the above
of 2010.  Please Check Below: APPROVED: DISAPPROVED: (If disapproved expl	ain)		LOCAL LIG	CENSING AUTI	HORITY
DATE:					



www.mass.gov/abcc

#### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 01980	0045		CITY OR TO	WN	CHATHAN	M
APPLICATION FOR RENE	WAL:	Seasonal CLASS	Ll	CEN	SED FOR 20	)13 YEAR
LICENSEE NAME: OSR S DOING BUSINESS A KRE						
ADDRESS ROUTE 28						
CITY/TOWN: CHATHAM		STATE: N	IA ZIP COD	E:	02633	
MANAGER: ERENIUS, S	COTT TYPE O	F LICENSE	:Restaurant	CA	ATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:						
PLEASE AI	LSO VISIT OUR WEBSITE	E AND ENTER YO	UR EMAIL ADDRESS			
DESCRIPTION OF LICENS	SED PREMISES:					
SINGLE BRICK BLDG FRON RESTAURANT APPROX 30 S						
I hereby certify and swear un	der penalties of p	erjury that:				
1. the renewed licen	se will be of the s	ame type for	the same premises	s now	licensed;	
2. the licensee has c	omplied with all l	aws of the C	ommonwealth rela	ting t	o taxes; and	
3. the premises are r	now open for busin	ness (If not e	explain below)			
SIGNED BY:						
Indivi	dual, Partner or A	uthorized C	orporate Officer			
DATE:	TELEPHONE N	UMBER:	EMPI	OYER	RIDENTIFICAT	TION NUMBER:
			(Note: <u>N(</u>	<b><u>OT</u></b> Ind	ividual Social S	security Number)
We the undersigned, attest Acts of 2004, signed by the named license and (2) the of 2010.	building inspect	tor and the	head of the fire de	eparti	ment for the	above
Please Check Below:			LOCAL LIG	CENS	ING AUTH	ORITY
APPROVED:			By:			
DISAPPROVED:						
(If disapproved explain)						
DATE:						



www.mass.gov/abcc

#### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER:	019800046		CITY OR TOWN	CHATHAM	
APPLICATION FOR	RENEWAL:	Seasonal	LICEN	SED FOR 2013	
		CLASS		YEAR	
LICENSEE NAME: DOING BUSINESS A	THE BISTRO	C.			
ADDRESS HIGH WH	IEELER SQ.				
CITY/TOWN: CHAT	ГНАМ	STATE: MA	ZIP CODE:	02633	
MANAGER: VININ B.	G, STEPHEN TYPI	E OF LICENSE:Res	taurant CA	ATEGORY: All Alcohol	
EMAIL ADDRESS:					
PI	EASE ALSO VISIT OUR WEE	SSITE AND ENTER YOUR EM	IAIL ADDRESS		
DESCRIPTION OF L	ICENSED PREMIS	ES:			
2ND. FLOOR, APP. 1,50 OF A 60 SEAT REST. A FLOOR AREA. TWO ST W/S OF 1ST. FL.	ND BAR WITH RIGH	HT OF ACCESS IN PA	ATRONS TO REMAI	NDER OF SECOND	
3. the premise SIGNED BY:	s are now open for b	all laws of the Commousiness (If not expla	in below)	o taxes; and	
DATE:	TELEPHONE	E NUMBER:		LIDENTIFICATION NUMBER:	
Acts of 2004, signed	by the building insp	pector and the head	of the fire departi	ed by Chapter 304 of the ment for the above Chapter 116 of the Acts	
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain	] n)		LOCAL LICENS By:	ING AUTHORITY	
DATE:					



www.mass.gov/abcc

# ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER:	:019800062		CITY OR 7	TOWN	CHATHAM	ľ
APPLICATION FOR	RENEWAL:	Seasonal CLASS		LICENS	SED FOR 20	113 YEAR
LICENSEE NAME: DOING BUSINESS A	A PISCES RESTAU	ES RESTAURA				12/11
ADDRESS 2653 MA		OTE A TELE	71D CC	NDE.	02650	
CITY/TOWN: CHA			MA ZIP CC		02659	
MANAGER: CONN EMAIL ADDRESS:  P DESCRIPTION OF L 42 SEAT RESTAURAN	LEASE ALSO VISIT OUR WE	EBSITE AND ENTER YO		CA	ATEGORY:	All Alcohol
2. the license	wear under penalties d license will be of te has complied with es are now open for	the same type for all laws of the C	Commonwealth re			
SIGNED BY:	Individual, Partner	or Authorized C	Corporate Officer			
DATE:	TELEPHON	E NUMBER:				ION NUMBER: ecurity Number)
We the undersigned Acts of 2004, signed named license and (2010.	by the building ins	pector and the	head of the fire	departr	nent for the	above
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain	n)		LOCAL I By:	LICENS	ING AUTHO	ORITY
DATE:						



www.mass.gov/abcc

#### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBE	R:019800065		CITY OR TOWN	CHATHAN	Л
APPLICATION FO	R RENEWAL:	Seasonal	LICEN	SED FOR 20	013
		CLASS			YEAR
LICENSEE NAME:	: PLEASANT BA	Y VILLAGE MOTOR	COURT, INC.		
DOING BUSINESS	S A PLEASANT B	AY VILLAGE RESOR	Γ		
ADDRESS 1191 OF	RLEANS ROAD				
CITY/TOWN: CH	ATHAM	STATE: MA	ZIP CODE:	02633	
MANAGER: GAM	MSEY, T WARD L.	YPE OF LICENSE:Res	taurant Ca	ATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:	:				
	PLEASE ALSO VISIT OUR	R WEBSITE AND ENTER YOUR EM	IAIL ADDRESS		L
DESCRIPTION OF				at IDEDa	
I hereby certify and		ENTRANCES, SIDE ENT	RANCE AND REAR	SLIDERS.	
• •	•	of the same type for the	same premises now	licensed:	
		ith all laws of the Comn	=		
	•	for business (If not expla	_		
SIGNED BY:					
	Individual, Partr	ner or Authorized Corpo	rate Officer		
DATE:			EMPLOYEI	) IDENTIFICAT	NON MIN (DED
DATE:	TELEPHO	ONE NUMBER:	EMPLOYER (Note: <u>NOT</u> Ind		TION NUMBER: ecurity Number)
We the undersigne Acts of 2004, signe	ed, attest that we a	ONE NUMBER:  are in possession (1) the inspector and the head of liquor liability insured	(Note: <u>NOT</u> Inc	lividual Social S ed by Chapte ment for the	ecurity Number) er 304 of the above
We the undersigne Acts of 2004, signe named license and	ed, attest that we a	are in possession (1) the inspector and the head	(Note: <u>NOT</u> Inc	lividual Social S ed by Chapto ment for the Chapter 116	er 304 of the above of the Acts
We the undersigned Acts of 2004, signed named license and of 2010.  Please Check Below: APPROVED:	ed, attest that we a	are in possession (1) the inspector and the head	(Note: <u>NOT</u> Indece certificate required of the fire departerance required by	lividual Social S ed by Chapto ment for the Chapter 116	er 304 of the above of the Acts
We the undersigned Acts of 2004, signed named license and of 2010.  Please Check Below: APPROVED: DISAPPROVED:	ed, attest that we a ed by the building (2) the certificate	are in possession (1) the inspector and the head	(Note: NOT Indecentificate required of the fire department of the fire department of the LOCAL LICENS	lividual Social S ed by Chapto ment for the Chapter 116	er 304 of the above of the Acts
We the undersigned Acts of 2004, signed named license and of 2010.  Please Check Below: APPROVED:	ed, attest that we a ed by the building (2) the certificate	are in possession (1) the inspector and the head	(Note: NOT Indecentificate required of the fire department of the fire department of the LOCAL LICENS	lividual Social S ed by Chapto ment for the Chapter 116	er 304 of the above of the Acts
We the undersigned Acts of 2004, signed named license and of 2010.  Please Check Below: APPROVED: DISAPPROVED:	ed, attest that we a ed by the building (2) the certificate	are in possession (1) the inspector and the head	(Note: NOT Indecentificate required of the fire department of the fire department of the LOCAL LICENS	lividual Social S ed by Chapto ment for the Chapter 116	er 304 of the above of the Acts



www.mass.gov/abcc

# ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	R:019800071		CITY OR TOWN CHATHAN	M
APPLICATION FO	R RENEWAL:	Seasonal	LICENSED FOR 20	013
		CLASS		YEAR
LICENSEE NAME:	LAZY LOBST	ER LLC		
DOING BUSINESS	A			
ADDRESS 247 ORI	LEANS RD			
CITY/TOWN: CHA	ATHAM	STATE: MA	ZIP CODE: 02633	
	DNER, THEW	ΓΥΡΕ OF LICENSE: Res	taurant CATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:				
		UR WEBSITE AND ENTER YOUR EN	MAIL ADDRESS	
DESCRIPTION OF				
FIRST FLOOR CONT SEATING CAPACITY		FT. 2 ENTRANCES AND I	EXITS. EXITS IN FRONT, REAR I	DOOR.
	ses are now open  Individual, Par	with all laws of the Comr for business (If not expla- tner or Authorized Corpo ONE NUMBER:		
Acts of 2004, signe	d by the building	ginspector and the head	e certificate required by Chapt I of the fire department for the rance required by Chapter 116	above
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain	nin)		LOCAL LICENSING AUTHORS:	ORITY
DATE:				



www.mass.gov/abcc

#### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	R:019800075		CITY OR TOWN	CHATHAM	I
APPLICATION FO	R RENEWAL:	Seasonal	LICEN	SED FOR 20	13
		CLASS		•	YEAR
LICENSEE NAME: DOING BUSINESS		EASIDE CUISINE &	SPIRITS		
ADDRESS 483 MA	IN STREET				
CITY/TOWN: CHA	ATHAM	STATE: MA	ZIP CODE:	02633	
	LOTTI, TY	PE OF LICENSE:Res	taurant CA	ATEGORY:	All Alcohol
EMAIL ADDRESS:					
	PLEASE ALSO VISIT OUR V	WEBSITE AND ENTER YOUR EM	AAIL ADDRESS		
DESCRIPTION OF	LICENSED PREM	ISES:			
2. the licens	see has complied wit	f the same type for the h all laws of the Comr business (If not explanation)	nonwealth relating t		
SIGNED D1.	Individual, Partne	er or Authorized Corpo	orate Officer		
DATE:	TELEPHO	NE NUMBER:		R IDENTIFICATI	
Acts of 2004, signe	d by the building in	re in possession (1) the aspector and the head of liquor liability insu	l of the fire depart	ment for the	above
Please Check Below: APPROVED: DISAPPROVED: (If disapproved expl	ain)		LOCAL LICENS By:	SING AUTHO	PRITY
DATE:					



www.mass.gov/abcc

#### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	:019800084		CITY OR TOW	N CHATHAI	M
APPLICATION FOR	RENEWAL:	Seasonal	LICE	NSED FOR 20	013
		CLASS			YEAR
LICENSEE NAME: DOING BUSINESS A	THE GRUMP, INC A SWEET TOMATOR	ES CHATHAM			
ADDRESS 155 CRO	WELL RD				
CITY/TOWN: CHA	THAM	STATE: MA	ZIP CODE:	02633	
MANAGER: SWEE	ET, MERRILL TYPE	OF LICENSE:Res	staurant	CATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:					
P	LEASE ALSO VISIT OUR WEBSI	TE AND ENTER YOUR E	MAIL ADDRESS		_
	LICENSED PREMISES				
	RIP BLDG. FRONT UN		ENTRANCE AND	SIDE DELIVE	RY DOOR
	wear under penalties of				
	ed license will be of the		=		
2. the license	e has complied with all	laws of the Com	nonwealth relating	g to taxes; and	
3. the premise	es are now open for bus	siness (If not expl	ain below)		
SIGNED BY:	Individual, Partner or	Authorized Corpo	orate Officer		
DATE:	TELEPHONE 1	NUMBER:		ER IDENTIFICAT	
Acts of 2004, signed	, attest that we are in by the building inspe	ctor and the head	l of the fire depa	rtment for the	above
named license and (2 of 2010.	2) the certificate of hy	luot nabinty insu	rance required b	y Chapter III	of the Acts
	2) the certificate of high	doi nability ilisu	-	-	
of 2010.	2) the termicate of hy	uoi naointy msu	LOCAL LICEN  By:	-	
of 2010.  Please Check Below:	z) the termicate of high	uoi naointy msu	LOCAL LICEN	-	
of 2010.  Please Check Below:  APPROVED:		uoi naomey msu	LOCAL LICEN	-	
of 2010.  Please Check Below:  APPROVED:  DISAPPROVED:		uoi naointy msu	LOCAL LICEN	-	
of 2010.  Please Check Below:  APPROVED:  DISAPPROVED:		uoi naointy msu	LOCAL LICEN	-	



www.mass.gov/abcc

#### ON PREMISES LICENSE RENEWAL APPLICATION

		CITY OR TOWN	CHATHAM	1
APPLICATION FOR RENEWAL:	Seasonal	LICENS	ED FOR 20	13
	CLASS			YEAR
LICENSEE NAME: CELESTINO'S CA	AFÉ INC.			
DOING BUSINESS A THERESA JORE	DAN			
ADDRESS 513 MAIN STREET				
CITY/TOWN: CHATHAM	STATE: MA	ZIP CODE:	02633	
MANAGER: JORDAN, THERESATYI	PE OF LICENSE:Rest	aurant CA	TEGORY:	All Alcohol
EMAIL ADDRESS:				
PLEASE ALSO VISIT OUR W	EBSITE AND ENTER YOUR EM	AIL ADDRESS		l
DESCRIPTION OF LICENSED PREMIS	SES:			
1800 SQ FT END UNIT OF A FOUR UNIT I FRONT,2 DOORS IN REAR, AND 1 DELIV		THERE ARE THREE I	EXITS, 1 DO	OR IN
I hereby certify and swear under penalties	s of perjury that:			
1. the renewed license will be of	the same type for the s	same premises now l	icensed;	
2. the licensee has complied with	all laws of the Comm	onwealth relating to	taxes; and	
3. the premises are now open for	business (If not expla-	in below)		
SIGNED BY:				
Individual, Partner	or Authorized Corpor	rate Officer		
DATE: TELEPHON	E NUMBER:			ION NUMBER:
		(Note: NOT Indiv	ridual Social Se	ecurity Number)
We the undersigned, attest that we are Acts of 2004, signed by the building in named license and (2) the certificate of of 2010.	spector and the head	of the fire departm	ent for the	above
Acts of 2004, signed by the building in named license and (2) the certificate of	spector and the head	of the fire departm	ent for the Chapter 116	above of the Acts
Acts of 2004, signed by the building in named license and (2) the certificate of of 2010.	spector and the head	of the fire departm ance required by C	ent for the Chapter 116	above of the Acts
Acts of 2004, signed by the building in named license and (2) the certificate of of 2010.  Please Check Below: APPROVED: DISAPPROVED:	spector and the head	of the fire departm ance required by C	ent for the Chapter 116	above of the Acts
Acts of 2004, signed by the building in named license and (2) the certificate of of 2010.  Please Check Below: APPROVED:	spector and the head	of the fire departm ance required by C	ent for the Chapter 116	above of the Acts
Acts of 2004, signed by the building in named license and (2) the certificate of of 2010.  Please Check Below: APPROVED: DISAPPROVED:	spector and the head	of the fire departm ance required by C	ent for the Chapter 116	above of the Acts